

# **MERCHANT MARINERS DOCUMENT**

A reference guide provided by:

Regional Examination Center  
Los Angeles / Long Beach  
165 North Pico Avenue  
Long Beach, California 90802  
(310) 980-4485

## **OFFICE HOURS**

OPEN: Monday through Friday 0900 – 1500  
CLOSED: Federal Holidays and the last Friday of each month.

OR VISIT US AT OUR WEBSITE: <http://www.cglalb.com/license>

**THIS PACKET WAS LAST REVISED ON JANUARY 28, 1997**

## **INFORMATION ON OBTAINING A MERCHANT MARINER'S DOCUMENT**

**Please review this entire handout. All the information and forms required to complete the application are enclosed. Typically, applications are delayed because of insufficient information. These delays could easily be avoided by following the directions provided in this handout.**

Members of the U.S. Merchant Marine are persons employed on board merchant vessels of the United States. They are civilians and are hired either directly by a steamship company or through a marine labor union operating merchant vessels. All persons employed aboard United States merchant vessels of 100 gross tons or more are required to have a valid U.S. Merchant Mariner's Document (MMD), also known as a Z-card or seaman's papers. There are many ratings available and more than one may be combined on one MMD. The following is a breakdown:

1. A MMD WITHOUT qualified ratings means an entry level MMD that allows you to work as an ordinary seaman in the deck department, a wiper in the engineering department or as a member of the Steward's department serving as a food handler in the galley. An entry level MMD requires no prior maritime experience and no physical examination, but will require a drug free certification.
2. A MMD with a qualified rating in the deck department may be endorsed as Able Seaman (AB) or Lifeboatman (LB).
3. A MMD with a qualified rating in the engineering department may be endorsed as a Qualified Member of the Engineering Department (QMED).

In searching for a job, shipping companies and labor unions are listed in the yellow pages of the Long Beach, San Pedro, and Wilmington phone books under SHIPPING COMPANIES, STEAMSHIP AGENCIES, STEAMSHIP COMPANIES, LABOR ORGANIZATIONS, AND LABOR UNIONS. You might also check the phone book yellow pages for other ports or companies not located in the Los Angeles/Long Beach area.

The Regional Exam Center (REC) Long Beach is one of 17 RECs nationally which issue MMDs and licenses to merchant mariners. The REC is NOT a job placement organization, and issuance of an MMD or license is not a guarantee of work.

Please note the office hours as shown above. Transactions are conducted on a first come-first serve basis. Because the office may be closed on a regularly scheduled business day, it is a good idea to call to ensure your transaction may be completed, especially for those who are coming from long distances. The office closes promptly at 3 p.m. Customers arriving at the REC after 1 p.m. will only be served if time permits.

This guide is intended to help an applicant apply for a merchant mariner's document. The information contained within may not be all inclusive and is subject to change without notice.

## **CHECKLIST FOR OBTAINING A MERCHANT MARINER'S DOCUMENT**

(See specific sections cited for additional information)

1. **APPLICATION.** See (paragraph I) of this handout. Completely fill out the License/MMD Application form. NOTE: All original MMD's must be picked up in person.
2. **AGE REQUIREMENT.** All persons must be at least 16 years of age. If you are 16 or 17 years old, you must furnish a written and notarized affidavit of consent from a parent or legal guardian giving permission to go to sea.
3. **ADMINISTRATIVE FEES.** See (paragraph II) of this handout. For an MMD WITH qualified ratings, at least the evaluation fee of \$60.00 must be included with application.
4. **PROOF OF CITIZENSHIP.** See (paragraph III) of this handout. Only the original or a state certified copy of the original is acceptable.
5. **SOCIAL SECURITY NUMBER.** See (paragraph IV) of this handout.
6. **NAME DISCREPANCY.** If there is an inconsistency between the name on your proof of citizenship or social security card, and the name you are now using, proof of your legal name is required. The following is acceptable proof: court-appointed name change, marriage certificate, dissolution of marriage decree, or school records.
7. **PROFESSIONAL REQUIREMENTS FOR QUALIFIED RATINGS.** See (paragraph V) of this handout which explains the requirements for AB, QMED, or LB. Prior experience is not required for an MMD endorsed WITHOUT qualified ratings.
8. **DOCUMENTING SEA TIME.** See (paragraph VI) of this handout.
9. **PHYSICAL REQUIREMENTS.** See (paragraph VII) of this handout. A physical exam must be current within the past 12 months. Use Physical Examination form CG-719K (Pages 1 and 2). A physical examination is not required for an MMD endorsed WITHOUT qualified ratings or an MMD endorsed as Lifeboatman (LB).
10. **DRUG-FREE CERTIFICATE.** See guidance in "Periodic Screening for Illegal Drugs" included with the Chemical Testing for Dangerous Drugs form.
11. **EXAMINATION.** See (paragraph VIII) of this handout. If approved, you may schedule an appointment to sit for the exams. No examination is required for an MMD endorsed WITHOUT qualified ratings.

**NOTE: ONLY ORIGINAL DOCUMENTS WILL BE ACCEPTED**

## **I. APPLICATION**

The application must be completely filled out. Each application must be accompanied by the appropriate evaluation fee (see section II below) and an approved application is valid for 12 months. You must appear in person to obtain your MMD once approved. You must bring in a Current picture identification.

**FINGERPRINTS:** All applicants seeking an original license are required to submit two sets of fingerprints. Fingerprints may be taken by your local law enforcement authorities and submitted with the application. If the application is submitted in person, fingerprints may be taken by a legal instrument examiner at our office upon request. Otherwise, fingerprints will be taken when the applicant comes to test.

Your fingerprints will be forwarded to the F.B.I. for verification of the information reported in your application. A record of all arrests and convictions will be returned to our office. If you have a criminal record and fail to reveal it on your application, you may be subject to criminal penalty. In addition, your MMD may be rendered null and void and you will be required to surrender it to the Coast Guard or you may be charged to appear at a formal hearing before a Coast Guard Administrative Law Judge. The most important point here is to tell the truth on your application. A criminal record does not necessarily mean that you will be denied a MMD. Each application will be evaluated on a case-by-case basis.

## **II. ADMINISTRATIVE FEES:**

	EVALUATION	EXAMINATION	ISSUANCE	TOTAL
<b>Entry Level</b> (No qualified ratings)	\$0	\$0	\$35	\$35
<b>Qualified ratings</b> (Endorsed as AB, QMED, LB, or	\$60	\$40	\$35	\$135

PAYMENT may be made by personal check or money order made out to: U.S. COAST GUARD. Temporary checks and Traveler's checks are not acceptable. Cash, if the exact amount, may be accepted.

## **III. CITIZENSHIP REQUIREMENTS:**

Applicants must present acceptable proof of citizenship. The Coast Guard may reject any evidence of citizenship that is not believed to be authentic. Identification should agree with current name. If it is not, the applicant will need to submit court records documenting the name change. Provided the document is either an original or state certified copy, the following are examples of acceptable forms of evidence meeting the citizenship requirements:

- ◆ Birth certificate or birth registration
- ◆ Certificate of naturalization
- ◆ Baptismal certificate or parish record recorded within one year after birth
- ◆ Statement of a practicing physician certifying attendance at the birth and who possesses a record showing the date and location at which it occurred
- ◆ State Department passport
- ◆ Merchant Mariner's Document issued by the Coast Guard which shows the holder as a United States citizen
- ◆ Delayed certificate of birth issued under a state seal in the absence of any collateral facts indicating fraud in its procurement
- ◆ Certificate of citizenship issued by the United States Immigration and Naturalization Service

**RESIDENT ALIENS** may be issued a merchant mariner's document. To qualify, the applicant must be a permanent resident of the United States in possession of an alien registration card or INS work

authorization certificate and must present proof of citizenship. If the documentation is not in English, a notarized translation is required.

If there is an inconsistency between the name on your proof of citizenship or social security card and the name you are now using, proof of your legal name is required. Acceptable documentation may include original court documentation, original marriage/dissolution of marriage certificate or original school records.

#### **IV. SOCIAL SECURITY CARD:**

Evidence of having a Social Security Number (SSN) must be submitted. An ORIGINAL Social Security card (SSC) issued by the Social Security Administration is acceptable and must NOT be laminated. Plastic or metal plate copies of the SSC are not recognized replacements for the official card. Military discharge papers (DD-214) will not be accepted in lieu of the SSC.

If you do not have your original SSC, you can apply for a duplicate. Receipts issued for a duplicate SSC by the Social Security Administration are not acceptable evidence, but can be used for evaluation purposes only. If you use a social security receipt for evaluation, an MMD will not be issued until you have presented the original SSC or a Social Security Administration computer print out reflecting your name and SSN.

#### **V. PROFESSIONAL REQUIREMENTS:**

**ABLE SEAMAN (AB).** All sea service must have been obtained on vessels in the deck department while underway. The sea service requirements for the different levels of Able Seaman are:

- a. Able Seaman (Unlimited) - A total of three years service on Near Coastal or Ocean waters (1,080 days). All of this time must have been on vessels of 100 gross tons or more.
- b. Able Seaman (Limited) - Eighteen months service on Near Coastal or Ocean waters (540 days). All of this time must have been on vessels of 100 gross tons or more.
- c. Able Seaman (Special) - Twelve months (360 days) service on board vessels greater than 100 gross tons or at least 65 feet long.
- d. Able Seaman (OSV) - Six months (180 days) service on board vessels over 15 gross tons.

**QUALIFIED MEMBER OF THE ENGINEERING DEPARTMENT (QMED).** You must present at least six months (180 days) of underway service working in a capacity at least equal to that of a wiper or coal passer. Service must have been on vessels greater than 100 gross tons with an operating walk-in engine room.

**LIFEBOATMAN (LB).** You must present at least one year (360 days) of underway service in the Deck department or two years (720 days) in any other department. Service must have been on vessels greater than 100 gross tons.

#### **VI. DOCUMENTING SEA TIME:**

ORIGINAL Certificates of Discharge to Merchant Seaman (CG-718A) are acceptable proof of sea service. Letters from maritime companies on original company letterhead signed by an authorized company official are also acceptable proof of sea service. These letters must contain the name and official number of the vessel, the particulars of the vessel (length, horsepower, gross tonnage, etc.), the capacity in which you worked, the route on which the vessel transited, and the dates and number of days you were underway

on each vessel. If you worked 12 hour days while underway, ensure that your letter of sea service indicates this so that you will be given credit for 1.5 days (time and a half) per 12 hour day. Time and a half credit is only given to those individuals who complete 12 hours of dayworking or watchstanding on vessels where such practice is legally allowed. A six on, six off watch schedule would be acceptable, but overtime would not.

Prior service military personnel can obtain a TRANSCRIPT OF SEA SERVICE or CERTIFIED HISTORY OF ASSIGNMENTS taken from their service record by completing an SF-180 form and sending it to the appropriate address shown on the form (do not send the SF-180 form to this Regional Examination Center). An SF-180 can be provided from this office upon request. If you are still on active duty upon applying you may provide a letter from your XO or CO on original service stationery stating the name of each vessel you have served on, when you reported aboard and departed each vessel, and the rank/rating held while attached to each vessel. ONLY 60% of your military sea service is credited, for example, if you have 1,080 days of military sea time, only 648 days will be credited. A DD-214 WILL NOT BE ACCEPTED AS DOCUMENTATION OF SEA TIME.

Foreign sea service that is not written in English must be translated and notarized as a true translation. We will accept foreign seaman's books documenting sea time as long as all information is provided in English.

## **VII. PHYSICAL REQUIREMENTS:**

### **A. FORM CG-719K:**

All applicants for a Merchant Mariner's Document (MMD) endorsed with a qualified rating other than Lifeboatman are required to submit a physical examination report (form 719K pages 1 and 2) completed by a U.S. Licensed physician within one year of the application. This report certifies that the applicant is in good health and has no physical impairment or medical condition which would render him or her incompetent to perform the ordinary duties required by the MMD. Please ensure this form has been completed entirely before forwarding it to our office. Delays in approving applications are typically the result of incomplete physical examination reports. For example, block 15 addresses medications. Physicians will often forget to include a statement regarding whether or not the applicant is experiencing side effects from prescribed medications. If side effects are experienced, they must be listed. If no side effects are experienced, then a statement to that effect must be included.

Occasionally, an applicant may not meet the vision, hearing, or general physical condition required for a MMD. This does not automatically cause an applicant to be denied a MMD. Upon request of the examining physician, a physical waiver may be granted by the Commandant of the U.S. Coast Guard if extenuating circumstances warrant special consideration. Applicants should submit this request to our office to be forwarded for headquarters approval. Waivers are not normally granted to applicants with insulin dependent or poorly controlled diabetes, applicants on psychotropic medication, or applicants with any disease which may result in the gradual deterioration in the performance of their duties or compromise shipboard safety at sea.

### **B. VISION:**

Applicants must have vision correctable to at least 20/40 in each eye and uncorrected vision of at least 20/200 in each eye. Unless requesting a credential limited to daylight hours only, the applicant must possess normal color vision when tested by any of the following methods:

- ◆ Pseudoisochromatic Plates (Dvorine, 2nd Edition AOC; revised edition or AOC-HRR; Ishihara 16-24, or 38- plate editions)
- ◆ Eldridge - Green Color Perception Lantern
- ◆ Farnsworth Lantern
- ◆ Keystone Orthoscope

- ◆ Keystone Telebinocular
- ◆ SAMCTT (School of Aviation Medicine Color Threshold Tester)
- ◆ Titmus Optical Vision Tester
- ◆ Williams Lantern

### **C. BLOOD PRESSURE:**

Applicants for a document may not have blood pressure higher than 150/90 regardless of age, treatment or medication.

## **VIII. WRITTEN AND PRACTIAL EXAMINATION:**

Once all of the requirements for a merchant mariner document with a qualified rating have been evaluated, the applicant will be notified and may schedule a date to sit for his/her written examination. An approved application is only valid for one year. If the credential is not obtained within that period, a new application and appropriate fees will be required. Applicants will not be allowed to test for an MMD until all requirements have been met. These examinations are conducted in the English language only. The following is a breakdown of the different exams:

**ABLE SEAMAN (AB) AND LIFEBOATMAN (LB).** Before an applicant is certified as AB, he/she shall prove to the satisfaction of the Coast Guard by written examination and by actual demonstration, knowledge of seamanship and the ability to carry out effectively all the duties that may be required of an AB. Applicants approved for AB (Special, Limited, or Unlimited) must take the same exam which consists of a Lifeboat written exam (70 questions), a two part (50 questions each for a total of 100) AB exam, a practical knots tying exam, and a practical Lifeboat exam. Applicants for endorsement as LB only, must complete the written and practical Lifeboat exams, plus the knots tying exams.

Applicants for AB (OSV) take an exam similar to those taken by higher AB's (Special, Limited and Unlimited), but are not required to take the written and practical LB exams.

In the practical lifeboat demonstration, the applicant shall show ability by calling out the required Oar Commands and taking charge of a lifeboat evolution by safely directing the operation of clearing away, swinging out, lowering into the water, raising and securing the lifeboat. This is performed on a scaled down version of a working lifeboat at the REC.

**QUALIFIED MEMBER OF THE ENGINE DEPARTMENT (QMED).** Applicants for QMED may test for any or all of the following ratings:

- a. Fireman/Watertender
- b. Oiler
- c. Deck Engineer
- d. Junior Engineer
- e. Refrigeration Engineer
- f. Electrician
- g. Machinist
- h. Pumpman

Before taking any of the above rating examinations, applicants are required to pass a QMED (GEN) general knowledge examination. Once you have passed the QMED (GEN) exam, it is valid for one year. NOTE: Passing the QMED (GEN) exam does not qualify you for an endorsement on your MMD, you must pass this exam and at least one rating exam before getting your MMD. Other endorsable ratings as Deck Engine Mechanic or Engineman do not require additional testing. However, applicants for these ratings must comply with additional service requirements while holding certain QMED ratings.

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD		APPLICATION FOR LICENSE AS OFFICER, STAFF OFFICER, OPERATOR, AND MERCHANT MARINER'S DOCUMENT			PORT (REC)	
SECTION I. MARINER'S CREDENTIALS APPLICATION						
2. NAME (LAST)		(FIRST)		(MIDDLE)		
3. ADDRESS		4. DATE		5. SSN		6. DATE OF BIRTH
		7. PLACE OF BIRTH				
		8. CITIZENSHIP		9. TELEPHONE NUMBER		
10. TYPE OF TRANSACTION (CHECK APPROPRIATE BOXES)						10a. MMD NUMBER
<div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> LICENSE  <input type="checkbox"/> MMD  <input type="checkbox"/> CD BOOK  <input type="checkbox"/> DISCHARGES </div> <div> ORIGINAL  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> <div> RENEWAL  <input type="checkbox"/>  <input type="checkbox"/> </div> <div> DUPLICATE  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> <div> ENDORSEMENT  <input type="checkbox"/>  <input type="checkbox"/> </div> <div> SUPPLEMENTAL  <input type="checkbox"/>  <input type="checkbox"/> </div> <div> REPLACEMENT  <input type="checkbox"/>  <input type="checkbox"/> </div> <div> EXCHANGE  <input type="checkbox"/>  <input type="checkbox"/> </div> </div>						(CG USE ONLY)
						10b. BK. NUMBER
						(CG USE ONLY)
11. APPLYING FOR:						
12. HAIR		13. EYES		14. WEIGHT		15. HEIGHT
						16. COMPLEXION
17. NAME AND ADDRESS OF NEXT OF KIN						18. RELATIONSHIP
						19. PARENTAL CONSENT (UNDER 18) <input type="checkbox"/> YES (ATTACHED) <input type="checkbox"/> NO
SECTION II. PRESENT OR PREVIOUS MMD/LICENSE HISTORY						
20. DESCRIPTION OF LICENSE OR MMD		21. PLACE OF ISSUE		22. DATE OF ISSUE		23. LICENSE SERIAL NO. / MMD NO.
24.	<input type="checkbox"/> YES <input type="checkbox"/> NO	INDICATE ANSWER BY PLACING YOUR INITIALS IN PROPER COLUMN (If yes, attach statement)				
		HAS ANY COAST GUARD DOCUMENT OR LICENSE HELD BY YOU EVER BEEN REVOKED, SUSPENDED, OR VOLUNTARILY SURRENDERED? (If yes, attach statement)				
25. RECORD OF QUALIFYING SERVICE/TRAINING (IF APPLICABLE AND ATTACHED, CHECK APPROPRIATE COLUMN)						
<input type="checkbox"/> MERCHANT MARINE SEA SERVICE DISCHARGE(S) <input type="checkbox"/> MILITARY SEA SERVICE-TRANSCRIPT OR HISTORY OF ASSIGNMENTS <input type="checkbox"/> LETTER(S) OF SEA SERVICE <input type="checkbox"/> COMPLETION OF CG APPROVED SCHOOL/COURSE CERTIFICATE(S)						
SECTION III. U.S. CITIZENSHIP AND MILITARY RECORD (FOR ORIGINAL LICENSES, AND U.S. MMD ONLY)						
26. PROOF OF U.S. CITIZENSHIP SUBMITTED (CG USE ONLY)						
27. INDICATE STATE IF NATURALIZED BY COURT						28. DATE NATURALIZED
29. HAVE YOU EVER SERVED IN THE U. S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO						30. DATE ENTERED
						31. DATE SEPARATED
32. SERVICE NUMBER		33. FULL NAME (IF DIFFERENT FROM BLOCK 2)		34. BRANCH OF SERVICE		35. TYPE OF DISCHARGE
SECTION IV. CHARACTER REFERENCES (FOR ORIGINAL LICENSES ONLY)						
36. THREE NOTARIZED LETTERS OF REFERENCE/RECOMMENDATION THAT INCLUDE THE ORIGINATOR'S NAME ADDRESS, TELEPHONE NUMBER, AND OCCUPATION ARE ATTACHED						
<input type="checkbox"/> YES (ATTACHED) <input type="checkbox"/> NO						
SECTION V. REQUEST FOR DUPLICATE LICENSE, MMD, OR CD (LIST INFORMATION ON LOST LICENSE/MMD)						
37. LICENSE SERIAL NUMBER			38. DATE AND PLACE LICENSE ISSUED			
39. MMD NUMBER			40. DATE AND PLACE MMD ISSUED			
41. <input type="checkbox"/> CERTIFICATES OF DISCHARGE (IF REQUEST IS FOR ALL DISCHARGES, SPECIFY OR ATTACH LIST OF VESSELS AND DATES OF SERVICE)						
42. SIGNED STATEMENT ATTACHED EXPLAINING THE PARTICULARS OF HOW, WHEN, AND WHERE THE CREDENTIALS WERE LOST/STOLEN AND APPLICANT'S EFFORT TO RECOVER THEM.						
<input type="checkbox"/> YES (ATTACHED) <input type="checkbox"/> NO						
www.cglalb.com/rec.htm						

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD		APPLICATION FOR LICENSE AS OFFICER, STAFF OFFICER OPERATOR, AND MERCHANT MARINER'S DOCUMENT	
<b>SECTION VI. NARCOTICS, DWI/DUI, AND CONVICTIONS RECORD</b>			
YES (Initials)	NO (Initials)	INDICATE ANSWER BY PLACING YOUR INITIALS IN PROPER COLUMN	
		<b>Have you ever been convicted of violating a dangerous drug law of the United States, District of Columbia, or any state or territory of the United States (including marijuana)?</b> <i>(If yes, attach statement)</i>	
		<b>Have you ever been a user of/or addicted to a dangerous drug?</b> <i>(Including marijuana) (If yes, attach statement)</i>	
		<b>Have you ever been convicted by any court-including military court-for an offense other than a minor traffic violation?</b> <i>(Conviction means found guilty by judgement or by plea and includes cases of deferred adjudication (nolo contendere, adjudication withheld, etc.) or where the court required you to attend classes, make contributions of time or money, receive treatment, submit to any manner of probation or supervision, or forgo appeal of a trial court finding. Expunged convictions must be reported unless the expungement was based upon a showing that the court's earlier conviction was in error.) (If yes, attach statement)</i>	
		<b>Have you ever been convicted of a traffic violation arising in connection with a fatal traffic accident, reckless driving or racing on the highway or operating a motor vehicle while under the influence of, or impaired by, alcohol or a controlled substance?</b> <i>(If yes, attach statement)</i>	
		<b>Have you had a driver's license revoked or suspended for refusing to submit to an alcohol or drug test?</b> <i>(If yes, attach statement)</i>	
		<b>Have you ever been given a Coast Guard letter of warning or been assessed a civil penalty for violation of maritime or environmental regulations?</b> <i>(If yes, attach statement)</i>	
<b>SECTION VII. CERTIFICATION AND OATH - IMPORTANT - READ BEFORE SIGNING</b>			
Whoever, in any manner within the jurisdiction of any department or agency of the U. S. knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both (18 USC 1001).			
I CERTIFY that the information on this application is true and correct and that I have not submitted an application of any type to the Officer in Charge, Marine Inspection in any port and been rejected or denied within 12 months of this application.		43. SIGNATURE OF APPLICANT	
44. DATE	45. SIGNATURE OF VERIFYING OFFICIAL (CG USE ONLY)	46. PORT OF (CG USE ONLY)	
<b>OATH FOR LICENSE</b> <i>(To be completed when original license is received)</i>			
I do solemnly swear or affirm that I am a citizen of the United States and that I will faithfully and honestly, according to my best skill and judgment, and without concealment or reservation, perform all the duties required of me by the laws of the United States. I agree to have a thorough physical examination each year if I act as a pilot under the authority of the License being issued.			47. DATE
48. SIGNATURE OF LICENSEE		49. SIGNATURE AND TITLE OF WITNESSING OFFICIAL	
<b>OATH FOR MERCHANT MARINER'S DOCUMENT ONLY</b> <i>(To be administered when original MMD is received)</i>			
I HEREBY SWEAR (or affirm) that I will faithfully and honestly perform all the duties required of me by the law and carry out the lawful orders of my superior officers on shipboard.			50. DATE
51. SIGNATURE OF MARINER		52. SIGNATURE AND TITLE OF WITNESSING OFFICIAL	
<b>SECTION VIII. LICENSE / MMD ISSUED (FOR REC USE ONLY)</b>			
LICENSE/ENDORSEMENTS AND DOCUMENTS RATINGS ISSUED			
<input type="checkbox"/> DUPLICATE DISCHARGES ISSUED TO APPLICANT			
DATE	SIGNATURE OF ISSUING OFFICIAL	PORT OF	
<b>FOR NATIONAL MARITIME CENTER USE ONLY (DUPLICATE TRANSACTIONS)</b>			
NAME ON RECORD (LAST, FIRST, MI)		DUPLICATE NO.	SOCIAL SECURITY NUMBER
CITIZENSHIP		DATE OF BIRTH	PLACE OF BIRTH
			COLLECT ADDITIONAL FEE OF:
RATINGS / ENDORSEMENTS AUTHORIZED			



DEPARTMENT OF  
TRANSPORTATION

**APPLICATION FOR LICENSE AS OFFICER, OPERATOR, OR  
STAFF OFFICER AND MERCHANT MARINER’S DOCUMENT**

**SECTION IX. MARINER CONSENTS**

NATIONAL DRIVERS REGISTRY - I authorize the National Driver’s Registry (NDR), through a designated State Department of Motor Vehicles, to furnish to the U. S. Coast Guard (USCG) information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. I understand the Coast Guard will make the information received from the NDR available to me for review and written comment prior to taking any action against my license, or U. S. Merchant Mariner’s Document. Authority: 46 CFR 7101(g) and 46 USC 7302 (c).

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

**MARINER’S TRACKING SYSTEM**

I consent to voluntary participation in the Mariner’s Tracking System to be used by the Maritime Administration (MARAD) in the event of a national emergency or sealift crisis. In such an emergency situation, MARAD would disseminate your contact information to an appropriate maritime employment office to determine your availability for possible employment on a sealift vessel. This is not a reserve program nor does it guarantee call-up for employment. This authorization may be revoked at any time by contacting a U. S. Coast Guard Regional Examination Center.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

[www.cglalb.com/rec.htm](http://www.cglalb.com/rec.htm)

## PRIVACY ACT STATEMENT

IN ACCORDANCE WITH 5 USC 552a(e)(3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD.

1. AUTHORITY WHICH AUTHORIZED THE SOLICITATION OF THE INFORMATION:
  - A. 46 USC 7101, 7302, 7305, 7314, 7316, 7319, and 7502
  - B. SEE 46 CFR PARTS 10 AND 12
2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:
  - A. TO ESTABLISH ELIGIBILITY FOR A MERCHANT MARINER'S DOCUMENT, DUPLICATE DOCUMENTS, OR ADDITIONAL ENDORSEMENTS ISSUED BY THE COAST GUARD.
  - B. TO ESTABLISH AND MAINTAIN A CONTINUOUS RECORD OF THE PERSON'S DOCUMENTATION TRANSACTIONS.
  - C. PART OF THE INFORMATION IS TRANSFERRED TO A FILE MANAGEMENT COMPUTER SYSTEM FOR A PERMANENT RECORD.
3. THE ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION:
  - A. TO MAINTAIN THE RECORDS REQUIRED BY 46 USC 7319 and 7502
  - B. TO ENABLE ELIGIBLE PARTIES (*i.e. the seamen, heirs or properly designated representative*) TO OBTAIN INFORMATION CONCERNING DOCUMENTATION TRANSACTIONS.
  - C. TO PROVIDE INFORMATION TO THE U. S. MARITIME ADMINISTRATION FOR USE IN DEVELOPING MANPOWER STUDIES, TRAINING BUDGET NEEDS, AND MANNING THE READY RESERVE FLEET IN A NATIONAL EMERGENCY OR SEALIFT CRISIS.
  - D. TO DEVELOP INFORMATION AT THE REQUEST OF COMMITTEES OF THE CONGRESS.
  - E. TO PROJECT BILLET ASSIGNMENTS AT COAST GUARD MARINE INSPECTION/SAFETY OFFICES.
  - F. TO PROVIDE INFORMATION TO LAW ENFORCEMENT AGENCIES FOR CRIMINAL OR CIVIL LAW ENFORCEMENT PURPOSES.
  - G. TO AUTHORIZE THE NDR, THROUGH A DESIGNATED STATE DEPARTMENT OF MOTOR VEHICLES, TO FURNISH THE USCG INFORMATION PERTAINING TO YOUR DRIVING RECORD.
4. THE DRIVING RECORD INFORMATION THE USCG RECEIVES FROM THE NDR WILL BE MATCHESD WITH INFORMATION YOU PROVIDE ON THE CHARACTER PART OF YOUR APPLICATION. THE NDR IDENTIFIES ONLY PROBABLE MATCHES WHICH REQUIRE INQUIRY TO THE STATE OF RECORD FOR VERIFICATION. YOU HAVE THE RIGHT TO REQUEST RECORDS REGARDING YOURSELF FROM THE NDR TO VERIFY THEIR ACCURACTY.
5. WHETHER OR NOT DISCLOSURE OF SUCH INFORMATION IS MANDATORY OR VOLUNTARY (Required by law or optional) AND THE EFFECTS ON THE INDIVIDUAL, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION: DISCLOSURE OF THIS INFORMATION IS VOLUNTARY, BUT FAILURE TO PROVIDE MAY RESULT IN NON-ISSUANCE OF THE REQUESTED DOCUMENT(S).

## APPLICANT INSTRUCTIONS

1. **MARINER'S CERTIFICATION.** Applicants requesting an original (*first issue*) license, or Merchant Mariner's Document must complete Sections I, II, III, IV, VI, VII, and IX of the application form. All applicants for an original mariner's credential must also execute the oath(s) contained in Section VII. If an original license and MMD are issued at the same time, the applicant must take BOTH oaths. The oath(s) may be administered by the issuing officer or a notary public.
2. **DUPLICATE MARINER'S CREDENTIALS AND CERTIFICATES OF DISCHARGE.** Applicants must complete Sections I, II, V, VI, the certification contained in Section VII, and Section IX. A fee of \$10.00 is required for duplicate discharges.
3. **RENEWAL, SUPPLEMENTAL, RAISE IN GRADE, ENDORSEMENT AND EXCHANGE/REPLACEMENT OF MARINER'S CREDENTIALS.** Applicants must complete Sections I, II, III, VI, the certification contained in Section VII and Section IX. If for citizenship change, the applicant must also complete blocks 26-28 of Section III.

All original supporting documentation submitted with this application will be returned to the applicant.

# SEA SERVICE FORM

NAME: \_\_\_\_\_  
(Last) (First) (Middle Init) (Social Security Number)

VESSEL NAME: \_\_\_\_\_ OFFICIAL NUMBER \_\_\_\_\_

VESSEL LENGTH \_\_\_\_\_ (FT) GROSS TONS \_\_\_\_\_ PROPULSION \_\_\_\_\_

SERVED AS: \_\_\_\_\_

VESSEL WAS OPERATED BY THE APPLICANT ON THE FOLLOWING NAVIGABLE WATERS:

BETWEEN \_\_\_\_\_ AND \_\_\_\_\_  
(Geographical Point) (Geographical Point)

Write in the block under the appropriate month the number of days the applicant operated or served on the vessel listed above.

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
Year - Days	Year - Days	Year - Days	Year - Days	Year - Days	Year - Days
19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____
19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____
19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____
19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Year - Days	Year - Days	Year - Days	Year - Days	Year - Days	Year - Days
19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____
19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____
19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____
19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____

TOTAL NUMBER OF DAYS THE APPLICANT HAS OPERATED THE VESSEL: \_\_\_\_\_

Days operated offshore: \_\_\_\_\_ Days operated on inland waters: \_\_\_\_\_

Maximum distance offshore: \_\_\_\_\_ Average number of hours operated per day : \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE:** IF THE APPLICANT WAS THE OWNER, THIS VESSEL DURING THE ABOVE PERIODS, PROOF OF OWNERSHIP MUST BE INCLUDED.

\*\*\*\*\*

TO BE COMPLETED BY THE VESSELS OWNER (IF APPLICANT IS NOT THE OWNER)

OWNERS NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

OWNERS ADDRESS: \_\_\_\_\_

I CERTIFY THAT THE ABOVE INDIVIDUAL HAS SERVED ON THE VESSEL LISTED IN THE CAPACITY STATED. I AM MAKING THIS STATEMENT IN ORDER THAT THE APPLICANT MAY OBTAIN A LICENSE TO OPERATE PASSENGER CARRYING VESSELS UNDER THE PROVISIONS OF TITLE 46 CFR, SUBPART D, AS APPLICABLE. I UNDERSTAND THAT IF I MAKE ANY FALSE OR FRAUDULENT STATMENTS IN THIS CERTIFICATE OF SERVICE, I MAY BE SUBJECT TO A FINE UP TO \$10,000 AND/OR IMPRISONMENT OF UP TO FIVE (5) YEARS.

SUSCRIBED AND SWORN TO BEFORE ME ON \_\_\_\_\_, 199\_\_  
date / month

Signature of Notary Public

Signature of Person attesting to Sea Service

Notary Seal

Commission Expires: \_\_\_\_\_

Title or relationship to owner

# MERCHANT MARINE PERSONNEL PHYSICAL EXAMINATION REPORT

## PRIVACY ACT STATEMENT

As required by 5 USC 552a(e)(3), the following information is provided when supplying personal information to the U. S. Coast Guard.

- Authority for solicitation of the information: 46 USC 2104(a), 7101(c)-(e), 7306(a)(4), 7313(c)(3), 7317(a), 8703(b), 9102(a)(5).  
(See 46 CFR subparts and paragraphs 10.205(d), 10.207(e), 10.209(d), 12.05-5, 12.20-3)
- Principal purposes for which the information is used:
  - To determine if an applicant is physically capable of performing shipboard duties.
  - To ensure that the applicant's physical is conducted by a duly licensed physician/physician's assistant and to verify the information as needed.
- The routine uses which may be made of this information:
  - This form becomes a part of the applicant's file as documentary evidence that the regulatory physical requirement has been satisfied and that the applicant is physically competent to hold a merchant marine license or document.
  - This information becomes part of the total license or document file and is subject to review by federal agency casualty investigators.
- Disclosure of this information is voluntary, but failure to provide this information will result in nonissuance of a license or merchant mariner's document.

## INSTRUCTIONS FOR PHYSICIAN

The United States Code requires a physical examination to determine that all holders of Coast Guard issued Licenses and Merchant Mariner's Documents are of sound health with no physical limitations that would hinder or prevent performance of duties. In general, all mariners must be capable of working in cramped spaces on rolling vessels. They must be able to climb steep stairs or vertical ladders. In an emergency such as a vessel fire or flooding, the mariner must be able to fully participate in the firefighting and lifesaving of passengers and crewmembers. In addition, mariners must be physically able to stand an alert, 4 to 6 hour watch. To do this, they must be free from any sudden onset of a medical condition which would affect their watchkeeping abilities.

Detailed guidelines on potentially disqualifying medical conditions may be obtained from any U. S. Coast Guard Regional Examination Center (NVIC 6-89) or by calling Coast Guard Headquarters (G-MOC-1), at 202-267-0475. Examples of impairment that could lead to disqualification include: impaired vision, color vision or hearing; poorly controlled diabetes; multiple or recent myocardial infarctions; psychiatric disorders; and convulsive disorders. In short, any condition that poses an inordinate risk of sudden incapacitation or debilitating complication, and any condition requiring medication that impairs judgment or reaction time are potentially disqualifying and will require a detailed evaluation.

The Coast Guard will use this physical evaluation to determine the applicant's eligibility to hold a license or document.

1. Name (Last, First, MI)			2. Social Security Number		
3. Height (inches)	4. Weight (pounds)	5. Eye Color	6. Hair Color	7. Distinguishing Marks	
8. Blood Pressure Systolic:                      Diastolic:			9. Pulse (resting): <input type="checkbox"/> Regular <input type="checkbox"/> Irregular		
10a. Vision: Uncorr. Right 20/                      Corr. 20/ Uncorr. Left 20/                      Corr. 20/			10b. Field of Vision:  Degrees _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		
11. Color Vision <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal.			* Color sense must be tested by one of the following. * Color sensing lenses are prohibited.		
Pseudoisochromatic plates		Eldridge - Green Perception Lantern		SAMCTT - School of Aviation Medicine	
Divorine 2nd Edition	AOC	Farnsworth Lantern		Titmus Optical Vision Test	
AOC Revised Edition	AOC-HRR	Keystone orthoscope		Williams Lantern	
Ishihara 16-, 24-, 38- Plate Ed.		Keystone Telebinocular			
12. Hearing <input type="checkbox"/> Normal <input type="checkbox"/> Impaired					

An audiometer and speech discrimination tests are only required if the applicant has, or is suspected to have impaired hearing

Audiometer (Threshold Values)	500(Hz)	1000(Hz)	2000(Hz)	3000(Hz)	Functional Speech Discrimination Test at 55 db	
Right Ear					Left Ear _____ %	Right Ear _____ %
Left Ear						
Right Ear - aided						
Left Ear - aided					<input type="checkbox"/> External Auditory Canal	<input type="checkbox"/> Abnormal
					Normal	
13. Indications of current or past Drug/Alcohol Abuse			Yes	No	if yes, explain in Block 16.	

The Coast Guard estimates that the average burden for this is 5 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestion for reducing the burden to: Commandant (G-M), U. S. Coast Guard, Washington, DC, 20593-0001 or Office of Management and Budget, office of Information and Regulatory Affairs, Attention: Desk Officer for DOT/USCG, Old Executive Office Building, Washington, DC 20593.  
DEPT. OF TRANS., USCG, CG - 719K, (Rev. 3-95) Previous edition is obsolete [www.cglalb.com/rec.htm](http://www.cglalb.com/rec.htm)

14. Doctor's Assessment - Does the applicant have or has he/she ever suffered from any of the following? \* If Yes, explain in Block 16.

Yes	No		Yes	No		Yes	No	
		Deteriorating eye disease			Severe digestive disorder			Periods of unconsciousness
		Severe speech impediment			Chronic renal failure			Sleepwalking
		Diabetes			Communicable disease			Recent or repetitive surgery
		Thyroid dysfunction			Asthma or lung disease			Amputations
		Epilepsy, seizures, paralysis			Psychiatric disorder			Impaired range of motion
		Heart or vascular disease			Depression			Impaired balance or coordination
		Heart surgery			Attempted suicide			Other illness or disability
		Blood disorder			Loss of memory			
		High blood pressure			Dizziness or fainting			

15. Medications taken: **include dosage, purpose, and side effects.**

No prescription medications

☐

16. Comments on Findings:

No Significant Medical History

☐

Considering the findings of this examination, and noting the duties to be performed by the applicant aboard a merchant vessel of the United States of America, I consider the applicant

☐

competent

☐

needs further evaluation

☐

not competent

Printed/Typed Name of Physician/Physician's Assistant/Nurse Practitioner

OFFICE ADDRESS (ZIP CODE)

State License Number

Telephone

Physician/Physician's Assistant/Nurse Practitioner Signature

Date

I certify that all information provided by me is complete and true to the best of my knowledge.

Signature of Applicant

Date

The Coast Guard estimates that the average burden for this is 5 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestion for reducing the burden to: Commandant (G-M), U. S. Coast Guard, Washington, DC, 20593-0001 or Office of Management and Budget, office of Information and Regulatory Affairs, Attention: Desk Officer for DOT/USCG, Old Executive Office Building, Washington, DC 20593.

[www.cglalb.com/rec.htm](http://www.cglalb.com/rec.htm)

## **CHEMICAL TESTING FOR DANGEROUS DRUGS**

DATE: \_\_\_\_\_

TO: U.S. COAST GUARD REGIONAL EXAMINATION CENTER

\*\*\*\*\*

This is to certify that \_\_\_\_\_,  
(name)

Social Security Number \_\_\_\_\_,

was tested on \_\_\_\_\_, 19\_\_\_\_, for dangerous drugs (MARIJUANA, COCAINE, OPIATES,  
PHENCYCLIDINE [PCP], AMPHETAMINES) I.A.W. 49CFR Part 40

The SAMHSA testing laboratory used was \_\_\_\_\_,  
(laboratory name)

located at \_\_\_\_\_.  
(laboratory address)

The result of that test is:

**NEGATIVE**

**POSITIVE**

(circle one)

A printout of the laboratory results are attached.

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
Printed or Typed Name of Physician

\_\_\_\_\_  
State License Number

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Office Address

**NOTE:** A specimen which indicates the presence of a dangerous drug at a level equal to or greater than the levels established in 49 CFR 40.24 must be reported as positive.

**WARNING:** Making a false, fictitious, or fraudulent statement/entry is a violation of 18 USC 1001. A violation of this section may result in a fine of not more than \$250,000, imprisonment for not more than 5 years, or both, under USC 3571.

\_\_\_\_\_  
Applicant's Signature

[www.cglalb.com/rec.htm](http://www.cglalb.com/rec.htm)

## PERIODIC SCREENING FOR ILLEGAL DRUGS

The periodic chemical testing requirements of 46 CFR 16.220 became effective on December 21, 1990. Currently, a drug test is required if a physical examination is required for any license or MMD application, including renewal. On or after 24 March 1995, all applicants for a Coast Guard issued credential will be required to test for illegal drugs, whether or not a physical examination is required. License, MMD, or COR applicants will be required to present the results of an approved drug test to the Coast Guard Regional Exam Center (REC) along with their application form. The applicant must provide satisfactory evidence that he/she has passed an appropriate drug test within six months of the date the application is submitted and that it was conducted in accordance with 49 CFR Part 40. REC personnel will not attempt to evaluate laboratory reports to determine whether the test was done in accordance with proper regulations. The following are acceptable forms of evidence that the REC will accept:

- a. A drug screen conducted within the last six months by a SAMHSA (formerly NIDA) approved laboratory stated on a standard REC/SAMHSA drug screen form (enclosed);
- b. A letter on company stationary signed by an approved company official, stating that the applicant has passed a pre-employment test for dangerous drugs within the past six months;
- c. For military members, an original letter from the applicant's command, on command letterhead, stating that the applicant has been subjected to random drug testing and has never refused to participate in or failed a chemical drug test; OR
- d. A letter on original marine related company stationary, signed by an approved company official, stating that during the previous 185 days, the applicant was subject to an approved random drug testing program as required by 46 CFR 16.230 for at least 60 days and did not fail or refuse to participate in a chemical test for dangerous drugs.

The following is a partial listing of SAMHSA approved drug-testing laboratories located in California and Nevada. Check with your local physician or hospital to see if they are a collection site for a SAMHSA approved laboratory, if they are not, the applicant may contact any of these labs for information on an approved collection site. This list is subject to change at any time and is not all inclusive.

- ◆ National Toxicology Laboratories, Inc. (CA)  
(800) 350-3515 or (805) 322-4250
- ◆ - Nichols Institute Substance Abuse Testing (CA)  
(800) 446-4728 or (619) 686-3200
- ◆ - Pharmchem Laboratories, Inc. (CA)  
(800) 446-5177 or (415) 328-6200
- ◆ - Poisonlab, Inc. (CA)  
(800) 882-7272 or (619) 279-2600
- ◆ - SmithKline Beecham Clinical Laboratories (CA)  
(818) 376-2520
- ◆ - Associated Pathologists Laboratories, Inc. (NV)  
(702) 733-7866
- ◆ - Sierra Nevada Laboratories, Inc. (NV)  
(800) 648-5472

# APPLICATION FOR STCW CERTIFICATE

MARINER'S FULL NAME: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

1. I request that I be issued a Certificate under the Standards for Training and Certification of Watchkeepers (STCW) Convention.
2. I have enclosed copies of the FRONT AND BACK of my both my license and my MMD. I understand that the endorsements placed on the STCW Certificate will be based solely on the endorsements presently on my license and MMD and that my request for the Certificate cannot be processed if I fail to enclose copies of these documents.
3. In order to obtain an endorsement authorizing service on tankships carrying Dangerous Liquids/Liquefied Gas, I have also included copies of the following additional documentation:
  - ☐ -- Proof of 90 days sea service (within the last five years) aboard tankships carrying Dangerous Liquid (DL) or Liquefied Gas (LG) cargoes.
  - ☐ -- A letter from my Mariner Employer, on company letterhead, certifying the number and the nature of cargo transfers that I have participated in (not required for Tankerman-Assistant) and in what capacity I served during the cargo transfers.
  - ☐ -- Proof of completion of a Coast Guard Approved Fire Fighting Course.
  - ☐ -- Proof of completion of a Coast Guard Approved Tankerman Course (DL or LG as appropriate).
4. I understand that I may not qualify for an endorsement authorizing service on tankships if I do not submit the above information.
5. Please mail the completed STCW Certificate to me at the address listed above.

\_\_\_\_\_  
Mariner's Signature

\_\_\_\_\_  
Date